



CEMETERY AND FUNERAL BUREAU
400 R Street, Suite 3040
Sacramento, CA 95814
(916) 322-7737 FAX (916) 323-1890

**COMPLETE ALL APPLICABLE SPACES****USE ADDITIONAL PAPER IF NEEDED**

Person Filing Complaint (Complainant)	Complaint Filed Against (Respondent)	License/Registration No.
Street Address	Street Address	
City State Zip	City State Zip	
Daytime Telephone No.	Business Telephone No.	
Alternate Telephone Nos.	Additional Telephone Nos.	
Do you want to remain anonymous? <input type="checkbox"/> YES <input type="checkbox"/> NO (This may impact mediation and/or investigation efforts)	Who did you deal with?	

SPECIFY THE TYPE OF COMPLAINT:
☐ **CEMETERY**
☐ **CREMATORY**
☐ **FUNERAL ESTABLISHMENT (MORTUARY)**
☐ **CREMATED REMAINS DISPOSER**
Name of decedent:**Date of death:****Date of service:****BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC – WHO, WHAT, WHEN, WHERE, HOW & YOUR RELATIONSHIP)****WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?***READ THE FOLLOWING BEFORE SIGNING BELOW*

PLEASE ATTACH TO THIS FORM COPIES OF ANY DOCUMENTS INVOLVED (CONTRACTS, BILLS RECEIVED, CORRESPONDENCE, AGREEMENTS, CERTIFICATE OF DEATH, ETC.). DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL OF THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE**DATE**